

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

**03 - 003**

2. STATE  
**IDAHO**

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

PROPOSED EFFECTIVE DATE

**4/1/03**

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

**Balanced Budget Act of 1997; Section 4714**

7. FEDERAL BUDGET IMPACT:

a. FFY 2003 (\$ 1,000,000) (P+I)  
b. FFY 2004 (\$ 3,105,000) (P+I)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 1 to Attachment 4.19-B, page 2

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

Supplement 1 to Attachment 4.19-B, page 2

10. SUBJECT OF AMENDMENT: Payment of Medicare Part A deductible and coinsurance is limited to up to the Medicaid allowed amount.

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ OTHER, AS SPECIFIED:

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

**KARL B. KURTZ**

14. TITLE:

**Director**

15. DATE SUBMITTED: April 4, 2003

16. RETURN TO:

Randy May, Interim Administrator  
Idaho Department of Health and Welfare  
Division of Medicaid  
PO Box 83720  
Boise ID 83720-0036

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: **APR - 7 2003**

18. DATE APPROVED: **JUN - 4 2003**

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

**APR - 1 2003**

20. SIGNATURE OF REGIONAL OFFICIAL:

**IS/**

21. TYPED NAME:

**Karen S. O'Connor**

22. TITLE:

**Associate Regional Administrator  
Division of Medicaid &  
Children's Health**

23. REMARKS:

POSTMARKED: **4/4** **Boise**  
(DATE) (CITY/STATE)

Pen & Ink (P+I) changes authorized by the state  
on 5/19/03.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: IDAHO

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES  
OTHER TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

QMBs:	Part A	<u>MR</u>	Deductibles	<u>MR</u>	Coinsurance
	Part B	<u>SP</u>	Deductibles	<u>SP</u>	Coinsurance
Other Medicaid Recipients	Part A	<u>MR</u> *	Deductibles	<u>MR</u> *	Coinsurance
	Part B	<u>SP</u>	Deductibles	<u>SP</u>	Coinsurance
Dual Eligible QMB Plus	Part A	<u>MR</u> *	Deductibles	<u>MR</u> *	Coinsurance
	Part B	<del>SR</del> <u>SP (P+I)</u>	Deductibles	<u>SP</u>	Coinsurance

**\*For skilled nursing facilities, Medicaid will disregard the deductible and coinsurance amounts and pay no more than the difference between the Medicaid allowed amount minus the Medicare Part A payment.**

TN NO. 03-003  
Supersedes  
TN No. 02-004

Approval Date \_\_\_\_\_

Effective Date \_\_\_\_\_

HFCA ID: 7982E